CMBS-MS Completion of Laboratory Rotation Form

Please complete this form and return it to the MS Program Director within 30 days of completing your laboratory rotation.

Master’s student name: ________________________________
Mentor’s name and title: ________________________________
Rotation dates: ________________________________

The goals achieved during this rotation were:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What I learned from this experience:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Did you receive adequate training and guidance? Please explain:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Would you recommend this laboratory to other students? Please explain:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Signatures:

Student: ________________________________ Date: _______
Mentor: ________________________________ Date: _______
MS Program Director: _____________________ Date: _______